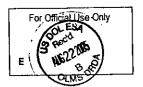


U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1275 (

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	7 / 7 / 04 Through: 72 / 31 / 04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name &R/AN L MEIDEL	Name TEAMSTERS LOCAL 184		
	Labor Organization File Number 0/2/69		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 6643 No NORTHWEST HIWAY	Street 66.43 N. NORTHWEST HYWRY		
City CHICAGO	City CHICAGO CANADA CONTRACTOR		
State	State ZIP Code + 4 60651		
5. Position in labor organization. PRESIDENT.	THE RESIDENCE OF SHARE STATE OF THE SERVICE OF THE		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any	7.b. Amount.		
Street			
City City			
State ZIP Code + 4			
Salo	nature		
Sig	f Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the		
Signature and verification. The undersigned declares, under penalty or the interest in this count (including the information contained in any accompanies).	f Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the		

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Name of Person Filing BUFAN MEDEL File Number U- B. Held an interest in or derived income or economic barefill with monetary value from a business (1) in substantial part of which consists of buying from, selling or leasing for its actively seeking in corpresent, or (2) any part of which consists of buying from or selling or leasing free to a actively seeking in corpresent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization in part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization in interests. B. Name and address of Business (including trade name, if any). Name AL NBURN Trade Name, if any: D. C. Box, Bldg, Room No., if any Street BUSINE WELFHREE FAINES Trade Name, if any: D. C. Box, Bldg, Room No., if any 2IP Code + 4 BUSINES Trade Name, if any: D. Aburn of interest held or income reactived. C. Reselved from any employer (other than an employer covered under parts A and B above) Trade Name, if any: Trade Name, if any: D. Abore in the selections consultant to an employer covered under parts A and B above) Trade Name, if any: Trade Name, if any:			
aubstantiel part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer volves employee you labor organization represents or a set buy sexing its present, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a frust in third, your labor organization or with a frust in third; your labor organization is interested. 8. Name and address of Business (including trade name, if any). Name ### ### ### ### ### ### ### ### ### #	Name of Person Filling BRIAN MEIDEL		File Number U-
Name ALNDUAN Trade Name, if any: BLUE CLOGS BLUE SHIELD P.O. Box, Bldg. Room No., if any Street 700 E KAN DOUPH City CHICABO State 2 I I I I I I I I I I I I I I I I I I	substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or independent of the consists of buying from or selling or leasing directly or independent of the consists of buying from or selling or leasing directly or independent or selling or leasing to, or other o	wise dealing with the busines dely seeking to represent, or lirectly to, or otherwise	
Name LOCAL 1134; WELFARE FUNDs Trade Name, if any: P.O. Box, Bldg., Room No., if any Street OLISAL NORTHWEST HWY City CHGO State ZIP Code + 4 COGSS 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	Name AL NOCAN Trade Name, if any: BLUE CROSS BLUE SHIELD P.O. Box, Bldg., Room No., if any Street 700 E RAN DO CPH City CHICAGO	a. Labor Organiza	ation
City CH60 State ZIP Code + 4 6063 2IP Code + 4 6063 12.a. Nature of interest held or income received. 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	Name LOCAL 134 WELT HILE FUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such deal	Ing. APACH DEC
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:			
or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:		12.b. Amount.	50802398
(including trade name, if any). Name Trade Name, if any:			
	13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name		

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant